

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM 375)

Serial No. 10/501666

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				2		
5				2		
6				2		
7				2		
8				2		
9				2		
10				2		
11				2		
12				2		
13			1			
14			1			
15				1		
16				1		
17			1			
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				2		
25				1		
26				1		
27				1		
28			1			
29			1			
30			1			
31			1			
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
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48						
49						
50						
TOTAL IND.		8				
TOTAL DEP.		42				
TOTAL CLAIMS		50				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						